

Stage 2 Training (ST4/5) in Obstetric Anaesthesia

EoE Guidance based on the RCoA 2021 Curriculum

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<https://rcoa.ac.uk/documents/2021-curriculum-learning-syllabus-stage-2/general-anaesthesia>

Obstetric Anaesthesia Training for **STAGE 2** falls primarily under the **Perioperative Medicine and Health Promotion Domain 13.8.8**, **KEY CAPABILITIES S&T** (pages 92-3) & the **General Anaesthesia Domain 13.9.17** **KEY CAPABILITY T** (page 97 of the RCoA curriculum document).

SLEs for Obstetric Anaesthesia may also contribute to the Stage 2 Domains of Learning:

- 13.1 Professional Behaviours and Communication
- 13.3 Team Working
- 13.5 Safeguarding
- 13.8 Perioperative Medicine and Health Promotion **KEY CAPABILITIES A-F,H (13.8.2) and O,Q (13.8.6)**
- 13.9 General Anaesthesia **KEY CAPABILITIES C (13.9.4),G (13.9.9),H (13.9.10)**
- 13.10 Regional Anaesthesia **KEY CAPABILITIES E,F (13.10.5), G (13.10.6), H (13.10.7), I (13.10.8)**

COMPLETION OF CAPABILITY CLUSTER ('TRIPLE C') FORM

To complete your two month Stage 2 obstetric anaesthesia module, you will need to submit the CCC form to the obstetric module training supervisor for sign-off. This form can be thought of as a mini-CUT form which will help support the overall sign-off of the Perioperative Medicine & Health Promotion, General Anaesthesia and Regional Anaesthesia HALOs for Stage 2 training.

In order to satisfy the curriculum requirements, during your Stage 2 obstetric anaesthesia training module you should keep a contemporaneous LLP record of your supervised learning events (SLEs), personal activities and reflections.

SLEs (i.e. A-CEX, DOPS, CBD, ALMAT and AQIPAT), **personal activities** (e.g. attendance at PROMPT multidisciplinary team training and/or the OCRM course or equivalent, attendance at final FRCA/post FRCA obstetric teaching, departmental obstetric teaching, presentation at departmental journal club, attendance at the regional EAOAG ASM or national OAA meeting) and **reflections** may be used to facilitate learning and demonstrate the progress required to successfully complete your CCC form.

During your obstetric anaesthesia module you should cover all the following discussion points and training competencies with the supervising consultants and use these to evidence a **minimum of 5 SLEs, plus personal activities and reflections** on your LLP. Please ensure you cross link your SLEs to cover all relevant areas of the curriculum as listed on page 1 of this document (and expanded in the Appendix). Completion of these points will give you a full understanding of what is required to deliver excellence in obstetric anaesthesia.

Stage 2 Training Discussion Points:

Discussion point:
1. Discuss the management of pre-eclampsia and eclampsia
2. Discuss the Anaesthetic and Obstetric management of premature delivery
3. Discuss the Anaesthetic and Obstetric management of multiple pregnancy
4. Explain the classification of placenta praevia and discuss the management of major Obstetric haemorrhage
5. Describe the immediate management of accidental dural puncture and demonstrate understanding of the methods of treating post-dural puncture headache
6. Discuss common causes of maternal morbidity and mortality; demonstrate knowledge of the national confidential enquires
7. Discuss in-utero resuscitation for the "at risk" baby

8. Discuss the management of rarer obstetric emergencies, e.g. amniotic fluid embolus, inverted uterus and anaphylaxis
9. Discuss the indications and safe conduct of intravenous PCA labour analgesia
10. Discuss the pain relief options for intra-uterine death

Stage 2 Training Competencies:

Competencies:
1. Demonstrates the appropriate use of epidural analgesia for labour, including managing immediate complications
2. Demonstrates the appropriate use of combined spinal-epidural (CSE) for labour
3. Demonstrates the ability to manage complications of regional block, including failure to achieve adequate block
4. Demonstrates the ability to provide spinal anaesthesia for operative delivery
5. Demonstrates the ability to provide CSE anaesthesia for operative delivery
6. Demonstrates the ability to convert epidural analgesia to epidural anaesthesia for operative delivery
7. Demonstrates the ability to provide safe general anaesthesia for operative delivery and discusses the management of failed intubation
8. Demonstrates the ability to manage major obstetric haemorrhage
9. Demonstrates the ability to manage high dependency obstetric patients (i.e. those requiring enhanced maternity care) with distant supervision
10. Demonstrates involvement in assessment and MDT planning of high risk parturients (e.g. attending high risk clinic and/or performing in-patient reviews)

You will need to demonstrate the following to complete the CCC form for obstetric anaesthesia:

- Attainment **of the specific Key Capabilities** (evidenced by **SLEs, Personal Activities & Reflections**) that relate to the clinical practice of obstetric anaesthesia
- Appropriate **clinical experience in obstetric anaesthesia (logbook of cases)**
- Successful completion of an obstetric **Multiple Trainer Report (MTR)**

EVIDENCE OF SUFFICIENT OBSTETRIC ANAESTHETIC CLINICAL PRACTICE AND ATTAINMENT OF THE KEY CAPABILITIES

1. Supervised Learning Events (SLEs) (a minimum of 5)

Throughout the training time in obstetric anaesthesia, supervised learning events (SLEs), as illustrated by **A-CEX, DOPS, CBD and ALMAT**, should be used to facilitate learning and demonstrate progress.

- (1) SLEs as illustrated by A-CEX, CBD, DOPS should be completed regularly as a formative way of gaining the knowledge and understanding of obstetric anaesthetic clinical practice.
- (2) Whenever you are with a trainer there are opportunities for learning. Use the SLEs to record the reflective conversations and discussions that you have had with your trainer.
- (3) Constructive feedback from your trainer should help you understand developments required to progress to the next levels of supervision/entrustment.
- (4) SLEs can also provide evidence of capability to detect and report high risk patients to supervisors.
- (5) A **minimum of 5 SLEs** should be selected based around the discussion points and required competencies listed above. All the discussion points and competencies should be completed to inform your CCC form but you do not need to complete a formal SLE for each of them.

2. Personal Activities

Additional learning activities such as **attendance at local simulation courses (PROMPT and/or OCRM)** should be undertaken to familiarise yourself with the importance of multidisciplinary working within obstetric anaesthesia and gain confidence with responding to emergency situations. You should record these learning activities in the LLP together with a **logbook of cases**. Demonstration of self-directed learning may include:

- (1) Attendance at departmental and regional obstetric anaesthesia teaching days
- (2) Journal article reading and/or presentation at departmental journal club
- (3) Textbook reading
- (4) Quality improvement work in obstetric anaesthesia

3. Reflections

You should be able to reflect on clinical experience and other educational activities. SLEs can be used to reflect on learning in the clinical setting both during the daytimes and out-of-hours. You can also add reflections on high-risk obstetric antenatal clinics, courses attended, teaching sessions, personal reading etc.

4. Logbook of Cases

Logbooks will demonstrate the range of anaesthetic techniques undertaken and the caseload experienced during the period of training in obstetric anaesthesia. Adequate logbook evidence usually includes **50-70 cases** covering all areas of elective and emergency maternity work. The module supervisor, will advise and be the final arbiter of the acceptable range and total number of cases achieved during your placement. It is advisable to review your logbook regularly

throughout your module to ensure that you have experience in sufficient number and breadth of cases.

5. Multiple Trainer Reports (MTR)

This is an assessment of your progress for your stage of training. The report covers generic professional capabilities and knowledge and understanding of obstetric anaesthetic practice. This will be used to support the entrustment decision by the trainer faculty. This report is mandatory for a CCC sign-off.

The MTR replaces the existing consultant feedback mechanism and reflects the greater emphasis on the professional judgement of the trainer as part of your assessment. The MTR is a mandatory requirement to support progression at critical progression points of the new curriculum. The MTR will be **triggered by your Educational Supervisor or College Tutor and collated by the Educational Supervisor** and the results discussed with the anaesthetist in training and their educational supervisor. A satisfactory MTR is an essential requirement to support the completion of each HALO for each of the Domains of Learning. Trainers will have the opportunity to report on the progress of the anaesthetist in training, including areas of excellence and areas for further development. Such feedback should encompass both specialty specific and generic professional aspects of the curriculum.

6. Multi-source Feedback (MSF)

This should be initiated by the trainee on the LLP. One MSF per training year is required and does not need to be subspecialty specific.

At the end of the period of training in obstetric anaesthesia, you will be able to show that you have progressed to the required level of supervision (Level 3 entrustment for completion of Stage 2) and that your trainers entrust you to perform the activities. The entrustment decisions by trainers will be based on the following sources; (1) SLEs, (2) Logbook of cases, (3) Personal activities, (4) Reflections and (5) Multiple trainer reports.

APPENDIX

Stage 2: Perioperative Medicine and Health Promotion Domain

13.8.8 Obstetric anaesthesia: key capabilities S & T

S	Plans appropriate obstetric anaesthetic care for all parturients collaboratively with the wider multi-disciplinary team
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T	Recognises and manages critical illness in parturients, including immediate resuscitation, and leads the care of acute obstetric emergencies
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13.8.8.1 *Examples of evidence*

- SLEs throughout stage of training in obstetrics including out of hours work and experience in pre-operative assessment clinics.

Personal activities and reflections:

- attendance at obstetric anaesthesia clinics.

13.8.8.2 *Suggested supervision level*

- 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance

13.8.8.3 *Cross links with other domains and capabilities.*

- General Anaesthesia
- Regional Anaesthesia
- Resuscitation and Transfer
- Intensive Care

13.8.2 Key capabilities A to H

A	Delivers high quality, individualised perioperative care to ASA 1-4 patients for elective surgery and ASA 1-3 emergency patients, focusing on optimising patient experience and outcome
B	Liaises appropriately with other healthcare professionals to optimise patient care
C	Explains the principles of shared decision making
D	Makes appropriate plans to mitigate co-morbidities and their treatment in the perioperative period, with particular reference to less common cardiovascular, neurological, respiratory, endocrine, haematological and rheumatological diseases
E	Appreciates how integrated care pathways influence patient outcomes
F	Describes the use and limitations of common risk-scoring systems
G	
H	Applies basic sciences to perioperative care

13.8.2.1 *Examples of evidence*

- SLEs throughout stage of training across range of surgical specialties including emergency surgery, obstetrics, paediatrics, neuro, cardiac and experience in pre-operative assessment clinics.

13.8.6 Key capabilities O to Q

O	Explains and acts on the importance of perioperative management of haematological conditions including anaemia and coagulopathy
P	
Q	Applies adjustments required that co-existing disease and surgical complexity have on the conduct of anaesthesia and perioperative care, including frailty, cognitive impairment and the impact of substance abuse or obesity

13.8.6.1 *Examples of evidence*

- SLEs throughout stage of training across range of surgical specialties including emergency surgery, obstetrics, paediatrics, neuro, cardiac and experience in pre-operative assessment clinics
- demonstration of application of adjustments for patient groups described above.

Personal activities and reflections:

- knowledge of local and national guidance on management of anaemia peri-operatively.

13.8.6.2 *Suggested supervision level*

- 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

13.8.6.3 *Cross links with other domains and capabilities*

- General Anaesthesia

Stage 2: General Anaesthesia Domain

13.9.17 Obstetric anaesthesia: key capability T

T	Provides safe anaesthetic care for elective and emergency obstetric patients including those with co-morbidities and obstetric complications with distant supervision
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13.9.17.1 *Examples of Evidence*

- SLEs throughout stage of training in obstetrics including out of hours work and experience in pre-operative assessment clinics.

Personal activities and reflections:

- attendance at obstetric anaesthesia clinics
- simulation training: obstetric emergencies.

13.9.17.2 *Suggested supervision level*

- 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

13.9.17.3 *Cross links with other domains and capabilities*

- Perioperative Medicine and Health Promotion
- General Anaesthesia
- Regional Anaesthesia
- Resuscitation and Transfer

13.9.4 Key capability C

C	Describes the principles of intra-operative haemostasis and manages major haemorrhage
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13.9.4.1 *Examples of Evidence*

- SLEs throughout stage of training in a range of surgical specialties including out of hours work, trauma.

Personal activities and reflections:

- mandatory training: blood transfusion.

13.9.4.2 *Suggested supervision level*

- 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

13.9.9 Key capability G

G	Recognises, mitigates against risks and manages complications relating to patient positioning during surgery, including reference to the obese patient
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13.9.9.1 *Examples of Evidence*

- SLEs throughout stage of training in a range of surgical specialties including obstetrics, neuro and bariatric surgery.

13.9.10 Key capability H

H	Applies a sound understanding of anatomy, physiology, biochemistry, pharmacology, physics and clinical measurement to anaesthetic practice
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Stage 2: Regional Anaesthesia Domain

13.10.5 Key capabilities E & F

E	Involves the patient in planning and understanding potential complications of regional anaesthesia
F	Assesses when a regional technique is not appropriate

13.10.5.1 *Examples of Evidence*

- SLEs throughout stage of training in a range of surgical specialties including obstetrics and experience in pre-operative assessment clinics.

Personal activities and reflections:

- Attendance at pre-operative and obstetric anaesthesia clinics.

13.10.5.2 *Suggested supervision level*

- 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

13.10.5.3 *Cross links with other domains and capabilities*

- Perioperative Medicine and Health Promotion

13.10.6 Key capability G

G	Manages inadequate block in the awake patient and in recovery if used as an adjunct to general anaesthesia
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13.10.6.1 *Examples of Evidence*

- SLEs throughout stage of training in a range of surgical specialties including obstetrics.

Personal activities and reflections:

- Pain rounds, post-natal follow up.

13.10.6.2 *Suggested supervision level*

- 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

13.10.6.3 *Cross links with other domains and capabilities*

- General Anaesthesia
- Pain

13.10.7 Key capability H

H	Describes the longer term management of complications of regional anaesthesia
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13.10.7.1 *Examples of Evidence*

- SLEs throughout stage of training in a range of surgical specialties including obstetrics.

13.10.8 Key capability I

I	Discusses the use of regional anaesthesia in the presence of abnormalities of coagulation
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13.10.8.1 *Examples of Evidence*

- SLEs throughout stage of training in a range of surgical specialties including obstetrics.

Personal activities and reflections:

- review of local and national guidelines for regional anaesthesia in patients on anticoagulant drugs.

13.10.8.2 *Suggested supervision level*

- Not applicable.

13.10.8.3 *Cross links with other domains and capabilities*

- Safety and Quality Improvement
- Perioperative Medicine and Health Promotion